United Nations E/ICEF/2009/P/L.24

Economic and Social Council

Distr.: Limited
13 July 2009

Original: English

For discussion

United Nations Children's Fund
Executive Board
Second regular session 2009
14-16 September 2009
Item 4 (d) of the provisional agenda*

Summary of midterm reviews of country programmes

South Asia region

Summary

This regional summary of midterm reviews of country programmes conducted in 2008 was prepared in response to Executive Board decision 1995/8. The Executive Board is invited to comment on the report and provide guidance to the secretariat.

Introduction

1. This report covers the midterm review (MTR) for Bangladesh, the only one that took place in the South Asia region in 2008.

Midterm review

Bangladesh

2. **Process.** The Government of Bangladesh and UNICEF cooperate in promoting children's rights. The overall aim of the current country programme is the progressive realization of the children's rights and women's rights through improved survival, development and protection within the framework provided by the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Millennium Development Goals, and the Millennium Declaration. The country programme covers the period 2006-2010.

* E/ICEF/2009/16.

09-40181 (E) 200709

Please recycle

This report presents the findings of a participatory MTR of the country programme that took place in 2008.

3. The Government of Bangladesh led the MTR with support from UNICEF. The Secretary of the Economic Relations Division (ERD) of the Ministry of Finance provided guidance and overall management. Preparation for the review officially began in early 2008 when the ERD issued guidelines to all relevant ministries. Review teams were established for the programmes for health and nutrition, education, water and environmental sanitation, and child protection. The programme-specific reviews were conducted between May and July 2008, and drew upon project evaluations, reports on the Government-led sector-wide approaches, where relevant, national surveys, and other related research. Each team engaged a consultant to help coordinate the review. The consultants conducted desk reviews and interviews with stakeholders, facilitated roundtable meetings, and drafted the programme review documents. To ensure quality and timeliness, the UNICEF Planning, Monitoring and Evaluation Section served as a continuous liaison between the review teams and the ERD. The programme review documents provide an overview of progress toward the expected results set forth in the country programme and the Millennium Development Goals, UNICEF contributions to this progress, and strategic lessons learned. They were finalized during programme-specific workshops held in July.

4. The draft MTR report, based on information from the programme-specific reviews and comments from UNICEF headquarters and the South Asia Regional Office, was reviewed at the MTR meeting in September 2008, chaired by the ERD and attended by senior representatives of the Government, implementing partners, non-governmental organizations (NGOs), development partners, including the United Nations system, and representatives of the UNICEF offices at the country, regional and headquarters levels. The final MTR report incorporates the conclusions and recommendations endorsed by the Government at the MTR meeting.

5. **Update of the situation of children and women.** The situation assessment and analysis in the MTR report follows a rights-based approach. It identifies the problems in realizing children's rights and their immediate, underlying and basic causes.

6. Regarding children's right to health, the main problems are maternal and child mortality and the threat of an HIV/AIDS epidemic. Bangladesh has made commendable progress in reducing child mortality over the last few decades, and this trend continued during the first half of the country programme. The under-five mortality rate declined from 88 per 1,000 live births for 1999-2003 to 65 per 1,000 live births for 2002-2006. According to the 2008 report *Countdown to 2015*, Bangladesh is one of 16 countries on track to achieve Millennium Development Goal 4 on child mortality. The control of vaccine-preventable diseases is the main contribution to declining child mortality rates. The proportion of one-year old children immunized against measles, a Millennium Development Goal monitoring indicator, rose from 71 per cent in 2005 to 81 per cent in 2007.

7. The country now faces the challenges of reducing neonatal mortality and malnutrition. Maternal mortality is a persistent area of concern, though trends during the country programme have not been measured. Bangladesh maintains a low prevalence of HIV/AIDS, but the behavioural patterns that fuel the HIV/AIDS epidemic exist, and the infection rate is significant among some vulnerable groups.

Parent-to-child transmission and unsafe sex and drug use practices contribute to the HIV/AIDS threat.

8. The main obstacles to the right to education relate to preschool attendance, primary school retention, education quality, and inequality and exclusion. Bangladesh has achieved high levels of primary school enrolment: the official estimate is 91 per cent in 2007, up from 87 per cent in 2005. However, net preschool attendance is less than 15 per cent. Nearly half of primary school students drop out before completion. Information on the quality of education is sparse, but experts widely agree that quality is unsatisfactory. Poor teaching skills and low motivation, insufficient public investment and high costs for schooling contribute to the problems in fulfilling children's right to education. Inequality and exclusion arise in terms of gender, socio-economic status, urban-rural disparities, and vulnerability. With higher enrolment rates among girls than among boys, a new phenomenon of 'boys left behind' has emerged. Urban children are not eligible for government stipends, and slum children are consistently the most disadvantaged in terms of access to primary education.

9. The main problems related to child protection are child labour, violence against children, inappropriate arrangements for children without parental care, and child trafficking. Child labour, in which 13 per cent of children are engaged, is most common in urban slums and tribal areas and often involves domestic servitude. Child trafficking occurs both domestically and internationally. Violence against children is common — in homes, schools, workplaces, institutions and the streets — though it is rarely reported. The system of justice for children is extremely weak. Institutionalized children are typically deprived of the emotional support and stability they need, and are often the victims of violence.

10. The basic causes of violations of children's rights are common to most of the problems described above, and they present the major constraints to the realization of country programme results. They include poverty, external shocks, such as natural disasters and rising food prices, social and cultural norms and values, political unrest or uncertainty, institutional capacity limitations, and urbanization. According to national data, 40 per cent of the population was living in poverty in 2005, and children were disproportionately represented among the poor and vulnerable. Poverty became deeper and more prevalent during the country programme as a result of two major floods, a cyclone and increasing food prices. Bangladesh has always been vulnerable to natural disasters, and these are becoming more frequent and intense as a consequence of global climate change. Increasing food prices have eroded the purchasing power of the poor, making education and health care even less affordable and directly affecting nutrition.

11. The social and cultural norms and values that impede the realization of children's rights include women's low socio-economic status, which is reflected in the health and educational services accessible to mothers and children, their food intake, and their influence over the decisions that affect their lives. These norms and values, reinforcing the practices of child marriage, dowry, child labour and corporal punishment, also contribute to child rights violations. The inclination to institutionalize children who have lost their fathers obstructs efforts to promote the reintegration of children at risk into their extended families and communities. In addition, the culture of top-down administration tends to drain authority and

initiative away from local-level actors, who are most in touch with community needs and perspectives.

12. The political situation changed markedly during the country programme. After a period of civil unrest, a caretaker Government took office in January 2007 with the aim of preparing the country for elections, which took place in December 2008. In some respects, the caretaker Government brought about potential improvements in the realization of women's and children's rights, for example through the long-awaited separation of the judiciary from the executive. Nonetheless, at the time of the MTR, considerable uncertainty surrounded the likely nature and stability of the political climate — and its impact on rights — during the remainder of the country programme. Moreover, the highly centralized Government has severely limited public resources and structural weaknesses. The Government is taking steps to address its constraints and to strengthen local government institutions with capacity building support from the international community.

13. Rapid urbanization is a reality. Cities offer hope and opportunity for many, but their growth is often poorly managed and inadequately planned. In Bangladesh, despite the relatively high average quality of life in the cities and towns, urban slum dwellers have emerged as a severely deprived group. Urbanization strains the capacity of the Government, city corporations, municipalities and NGOs to provide the services needed to protect the rights of the urban poor.

14. **Progress and key results.** The country programme contains five substantive and interrelated programmes dedicated to children's rights: (a) health and nutrition; (b) water and environmental sanitation; (c) education; (d) child protection; and (e) policy, advocacy and partnerships. It also addresses cross-cutting issues and initiatives, such as gender, communication for development, HIV/AIDS response and integrated support for children's rights in the Chittagong Hill Tracts. The country programme pursues its expected results through policy support, nationwide initiatives and area-specific interventions.

15. The health and nutrition programme coordinates its activities with those of other partners under the Government-led Health, Nutrition and Population Sector Programme. A child survival project supports immunization, integrated management of childhood illness (IMCI) and newborn health, and injury prevention. The immunization programme has contributed substantially to Bangladesh's declining rates of child mortality. During the first half of the country programme, full immunization coverage of one-year-olds rose from 64 per cent to 75 per cent nationally and from 52 per cent to 69 per cent in low-coverage areas. Neonatal tetanus elimination was confirmed in 2008, and polio-free status was rapidly regained after importation of several cases in 2006. The coverage of facility-based IMCI services increased fourfold, and facility utilization by sick under-five children increased by one-third. UNICEF has secured funding to double the original country programme target for community-based IMCI services. A pilot project on child injury prevention introduced community- and home-safety packages and injury-surveillance systems in three upazilas (sub-districts) and Dhaka City, leading to a decline in drowning deaths.

16. A maternal health component combines responsiveness to the needs of mothers with care for newborns. The country programme has supported capacity building for maternal and neonatal care at 191 of the country's 530 facilities, and enabled an increase in the number of facilities providing comprehensive emergency obstetric

care from 137 to 160. Twenty-five pregnant women received voluntary counselling and testing; one was found HIV-positive and received prevention of parent-to-child transmission (PPTCT) services. To increase demand for maternal and neonatal services, the project provided communities with information and linked community support systems with emergency obstetric care facilities in six upazilas. In addition, local plans were developed for maternal and neonatal health care in four districts under a joint United Nations programme.

17. Weak supervision and coordination limited the achievement of nutrition results for children and mothers during the first half of the country programme. The structures needed for community support groups to provide effective nutrition services do not yet exist in most of the country. The activities aiming for nutrition results included training, policy support, as well as support for appropriate infant and young child feeding and distribution of micronutrient supplements. The National Strategy for Anaemia Prevention and Control was launched, and the Government reviewed the salt iodization law and prepared a draft revision. UNICEF played a leading role in nutrition-related emergency coordination and supported the provision of nutritional supplementation to more than 200,000 women and children in disaster-affected areas.

18. The water and environmental sanitation programme aims for improved and sustainable hygiene, sanitation and safe water practices in areas covering about 30 million people. Securing funding and recruiting staff took longer than expected at the start of the country programme, causing a delay in the initiation of activities, but the water and environmental sanitation programme is now moving rapidly forward. Communities have prepared action plans in all intervention areas, baseline data were collected and monitoring is underway. In addition, UNICEF served as the lead agency for the water, sanitation and hygiene (WASH) cluster, which helped to improve the planning processes of national and international organizations.

19. The education programme addresses early learning, quality formal education and non-formal education for out-of-school children. After coordinated advocacy for a policy on early learning by UNICEF and its partners, the Government adopted a Pre-Primary Operational Framework, creating policy space for NGOs and donors to become more active in early learning. In selected vulnerable areas, a pilot project has enabled more than 250,000 children to access early learning, with trained teachers, in more than 5,500 preschools. Regarding primary education, the country programme provides support collectively with other partners under the Government-led Second Primary Education Development Programme. The targets for primary enrolment are likely to be reached, but primary achievement and completion remain problematic and require further study. The results of initiatives to improve the quality and inclusiveness of education have not yet been measured. Implementation of School-Level Improvement Plans and Upazilla Primary Education Plans has begun, providing an important mechanism for direct funding to schools. A project to support non-formal education for urban out-of-school children expects to reach 166,000 working children aged 10 to 14 years, providing lessons for scaling-up. UNICEF co-leads an informal coordination mechanism for education-related emergency response and is directly supporting the construction of transitional schools in cyclone-affected areas.

20. The child protection programme focuses on policy and legislative reform, children at risk, and empowerment of adolescents. The country programme

supported reviews of all key child-related laws, and the steps needed for harmonization with international standards were identified. UNICEF collaborated with other development partners in a juvenile justice roundtable that strengthened coordination and policy dialogue, developed a plan of action for juvenile justice reform, and successfully advocated the development of a separate law on justice for children. The country programme's support for birth registration, which is essential for providing access to children's rights, facilitated an increase in the birth registration rate from 7 per cent to 40 per cent.

21. Progress toward protecting the rights of children at risk took several avenues. A joint anti-trafficking initiative of the Governments of Bangladesh and India received UNICEF support. Nationwide consultations with children are underway for the development of a national strategy to combat violence. An assessment of children in institutions is expected to contribute to the development of minimum care standards. UNICEF supported capacity building for proactive social work and advocated for institutionalization as a measure of last resort. As a result, when Cyclone Sidr hit Bangladesh, the Government was willing to pursue mechanisms for supporting vulnerable children in general — not just those who were orphaned — in community settings rather than institutions. Care and support for repatriated child victims of trafficking is similarly using a comprehensive approach, targeting all children at risk in the community. Replication of these models has the potential to improve child protection mechanisms throughout the country.

22. Substantial progress toward empowerment of adolescents has taken place, though the country programme's targets in this area have proved to be overly ambitious. More than 5,000 adolescents are trained to serve as peer educators for life skills in 27 districts, and 64,500 adolescents have accessed the peer education services. This has enhanced intergenerational dialogue among adolescents, parents, and community leaders on child marriage and dowry.

23. With support from the policy, advocacy and partnerships (PAP) programme, the Government prepared and submitted its reports to the Committee on the Rights of the Child on time. Bangladesh's second children's opinion poll and the Multiple Indicator Cluster Survey, the only household survey with district-level data on social indicators, were conducted for use in policy advocacy. The programme provided input for the second poverty reduction strategy paper (PRSP), the draft of which solidly addresses children's rights. A database system was developed for monitoring the Millennium Development Goals and the Poverty Reduction Strategy progress, and the Government and United Nations partners are developing capacity for its use. The country programme envisioned the establishment of a child rights commission, but the policy climate was not conducive to progress toward this output.

24. The PAP programme also works with national and international media to advocate the rights of children and women and to promote greater children's participation. Its support expanded journalists' capacity and led to numerous articles and increased airtime devoted to children's and women's issues. Community events reached more than 7 million people, and special campaigns are believed to have contributed to nationwide awareness on immunization, birth registration, hygiene practices, and avian influenza prevention.

25. Across all programme areas, the country programme aims for effective gender mainstreaming, communication for development, HIV/AIDS response, and

integrated development in the Chittagong Hill Tracts (CHT). Recent gender assessments of UNICEF work found success in reducing gender-discriminatory social norms and in promoting women's choice but concluded that women were not equally represented in community participatory processes or in field-level management, planning and implementation. A review of community mobilization and communication for development in the country office found that social mobilization and strategic communication contributed to the achievement of country programme results but that they could be better utilized and monitored. The country programme's support for HIV/AIDS response has enabled the preparation of PPTCT guidelines, the placement of antiretrovirals and other drugs and laboratory equipment for PPTCT in public health facilities, as well as the incorporation of HIV/AIDS information into life skills basic education programmes. The Integrated Community Development Project in the CHT has successfully expanded preschool attendance, child immunization, nutrition supplementation, access to safe water and sanitation, and hygiene awareness. Enabling the children of the CHT to realize their rights is critical to ensuring equitable progress toward national goals.

26. **Resources.** At the midterm of the country programme, the office has mobilized $283 million, against the country programme document (CPD) approved ceiling of $270 million in regular and other resources. All programmes are fully funded by the midterm. The funding status against approved CPD budget by programme is showed in the table below.

	Approved budget 2006-2010 (In United States dollars)			*Actual funding 2006-2008 (In United States dollars)*				*Actual funding %*
Programmes	*Regular resources*	*Other resources*	*Total*	*Regular resources*	*Other resources Non-emergency*	*Other resources Emergency*	*Total*	*Total*
Health and nutrition	11 000 000	50 000 000	61 000 000	15 760 689	62 026 547	6 022 491	83 809 727	137
Water and environmental sanitation	10 490 000	68 000 000	78 490 000	11 919 200	32 725 671	5 241 375	49 886 246	64
Education	9 500 000	65 000 000	74 500 000	12 713 211	74 096 695	3 280 483	90 090 389	121
Child protection	7 500 000	15 000 000	22 500 000	9 054 391	14 059 865	2 368 455	25 482 711	113
Policy, advocacy and partnership for children	8 000 000	12 000 000	20 000 000	10 223 461	607 727	2 881 925	13 713 113	69
Cross-sectoral costs	14 000 000	0	14 000 000	19 655 968	0	1 078 239	20 734 207	148
Total	**60 490 000**	**210 000 000**	**270 490 000**	**79 326 920**	**183 516 504**	**20 872 968**	**283 716 392**	**105**

27. **Constraints and opportunities affecting progress.** As described above, the main constraints in the pursuit of country programme results arise in the context of the basic causes of child rights violations: (a) poverty and the external shocks that exacerbate poverty, such as natural disasters and food price increases; (b) harmful social and cultural norms and values; (c) political unrest or uncertainty; (d) institutional capacity limitations; and (e) urbanization.

28. Many opportunities to accelerate progress toward the realization of children's and women's rights have emerged. Since addressing the basic causes of rights violations is beyond the scope of the UNICEF mandate and capacity, partnerships with the Government, the United Nations country team and other development partners provide the most important opportunities in this regard. Some recent changes in the policy environment — such as the separation of the executive from the judiciary, the recent reviews of child-related legislation, and the birth registration drive — create new opportunities. The adoption of Bangladesh's second PRSP is likely to provide a new platform on which to base advocacy for child-friendly policy development. The preparation of sector-wide programmes — in health, education, and possibly water and sanitation — will also provide opportunities to advocate child-friendly provisions. Local elections and new initiatives to strengthen the capacity of locally elected bodies create opportunities for local officials to play more effective roles in service provision and as conduits of bottom-up pressure for policy change. UNICEF has a record of supporting area-based interventions and pilot initiatives that lead to nationwide policies and programmes, which gives the organization a level of credibility and presence on the ground that is conducive to continuing success in policy advocacy. New research findings provide an abundance of opportunities for evidence-based advocacy and programming for children's rights. UNICEF is also well positioned to enhance emergency response through its leadership in formal and informal coordination mechanisms for nutrition, education, and water, sanitation and hygiene.

29. **Adjustments.** The situation analysis of children's rights in Bangladesh, the review of progress during the first half of the country programme, and the assessment of opportunities suggest the country programme's structure and results remain relevant, and the current areas of intervention will continue. The MTR suggested a number of strategies and areas of work where the country programme can build upon emerging opportunities to improve its effectiveness, strengthen its impact and reinforce progress toward intended results. Addressing the basic causes of children's rights violations will require the collective actions of multiple partners with different areas of specialization. Therefore, UNICEF will continue to expand its partnerships with the Government, the United Nations system, and the development community in the areas of poverty reduction, disaster management, social awareness-raising, good governance, national capacity building and management of urbanization.

30. In terms of strategy, the country programme will emphasize synergy, sustainability and equity. An important step toward synergy is the convergence strategy. Fourteen districts, selected on the basis of a vulnerability analysis, will receive concentrated support with common mechanisms for coordination, planning, monitoring and capacity development. UNICEF will continue in all it initiatives to build national capacity and to support models that national partners can scale up and sustain. A new communication for development strategy will provide an important tool for promoting lessons learned. Gender equity will receive emphasis in all aspects of programme design and implementation. Recognizing that indicators of progress in the aggregate can mask disparities across population groups, the country programme will continue to identify and empower children and women who are in danger of being left behind in national development.

31. The country programme will strengthen its programmatic approach in a number of areas. Toward the development of comprehensive legal and policy

frameworks for children's rights, the country programme will continue supporting the preparation of a children code and the harmonization of national laws and policies with the Convention on the Rights of the Child. Community mobilization, communication for development and capacity building will address the need for stronger linkages between communities and the facilities responsible for providing services to mothers and children. A new community mobilization and communication for development strategy, aiming to reach policy makers, service providers, communities and families, is expected to strengthen UNICEF contributions to sustainable, positive changes in social and cultural norms and values — and thus to help address one of the basic causes of children's rights violations. Evidence-based policy advocacy will draw upon new research in areas such as injury prevention, commercial sexual exploitation of children, drug use among children, and primary enrolment and drop-out rates. In all areas, UNICEF will continue leveraging its partnerships with the Government, donors, and NGOs in advocacy efforts.